



Office use only:
IDNUM: _____
KIDCODE: _____

NATIONAL CENSUS OF INFANTS, CHILDREN & YOUTH WITH DEAFBLINDNESS IN NORTH DAKOTA:

Instructions: Please check and update all information for accuracy. Also, complete any missing information.
Return form to:

Sherri Nelson, Coordinator
North Dakota Dual Sensory Project
500 Stanford Road
Grand Forks, ND 58203
#701-231-6033

Note, information on this page is not included in the Census Report.

Child's Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Male ☐ Female ☐

Child's Home Special Education Unit: _____

Phone number: _____

School/ Agency Serving Child: _____

Address: _____

Parent/ Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Does the child reside on an Indian Reservation? Yes No If yes, which one.

<input type="checkbox"/>	Fort Berthold Indian Reservation.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Turtle Mountain Band of Chippewa Indian Reservation		
<input type="checkbox"/>	Standing Rock Sioux Tribe Indian Reservation		
<input type="checkbox"/>	Spirit Lake Indian Reservation (Devils Lake Sioux Tribe)		

PERSON COMPLETING THIS FORM: (Please fill out completely)

Name/Title: _____ Phone Number: _____

Address: _____

Agency/School: _____ E-mail Address: _____



Child Count Code Sheet 12-1-2010

Column 4 - Gender	
0. Male	1. Female

Column 8 - Primary Identified Etiology	
Hereditary/Chromosomal Syndromes and Disorders	
101 Aicardi syndrome 102 Alport syndrome 103 Alstrom syndrome 104 Apert syndrome (Acrocephalosyndactyly, Type 1) 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) 106 Batten disease 107 CHARGE association 108 Chromosome 18, Ring 18 109 Cockayne syndrome 110 Cogan Syndrome 111 Cornelia de Lange 112 Cri du chat syndrome (Chromosome 5p- syndrome) 113 Crigler-Najjar syndrome 114 Crouzon syndrome (Craniofacial Dysostosis) 115 Dandy Walker syndrome 116 Down syndrome (Trisomy 21 syndrome) 117 Goldenhar syndrome 118 Hand-Schuller-Christian (Histiocytosis X) 119 Hallgren syndrome 120 Herpes-Zoster (or Hunt) 121 Hunter Syndrome (MPS II) 122 Hurler syndrome (MPS I-H) 123 Kearns-Sayre syndrome 124 Klippel-Feil sequence 125 Klippel-Trenaunay-Weber syndrome 126 Kniest Dysplasia 127 Leber congenital amaurosis 128 Leigh Disease 129 Marfan syndrome	130 Marshall syndrome 131 Maroteaux-Lamy syndrome (MPS VI) 132 Moebius syndrome 133 Monosomy 10p 134 Morquio syndrome (MPS IV-B) 135 NF1 - Neurofibromatosis (von Recklinghausen disease) 136 NF2 - Bilateral Acoustic Neurofibromatosis 137 Norrie disease 138 Optico-Cochleo-Dentate Degeneration 139 Pfeiffer syndrome 140 Prader-Willi 141 Pierre-Robin syndrome 142 Refsum syndrome 143 Scheie syndrome (MPS I-S) 144 Smith-Lemli-Opitz (SLO) syndrome 145 Stickler syndrome 146 Sturge-Weber syndrome 147 Treacher Collins syndrome 148 Trisomy 13 (Trisomy 13-15, Patau syndrome) 149 Trisomy 18 (Edwards syndrome) 150 Turner syndrome 151 Usher I syndrome 152 Usher II syndrome 153 Usher III syndrome 154 Vogt-Koyanagi-Harada syndrome 155 Waardenburg syndrome 156 Wildervanck syndrome 157 Wolf-Hirschhorn syndrome (Trisomy 4p) 199 Other _____
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
201 Congenital Rubella 202 Congenital Syphilis 203 Congenital Toxoplasmosis 204 Cytomegalovirus (CMV) 205 Fetal Alcohol syndrome 206 Hydrocephaly 207 Maternal Drug Use 208 Microcephaly 209 Neonatal Herpes Simplex (HSV) 299 Other _____	301 Asphyxia 302 Direct Trauma to the eye and/or ear 303 Encephalitis 304 Infections 305 Meningitis 306 Severe Head Injury 307 Stroke 308 Tumors 309 Chemically Induced 399 Other _____
Related to Prematurity	Undiagnosed
401 Complications of Prematurity	501 No Determination of Etiology

Column 9 - Race/Ethnicity	
1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Hispanic/Latino	5. White 6. Native Hawaiian/Pacific Islander 7. Two or more races

Column 10 – Documented Vision Loss (Items 5 and 8 are intentionally not used and they are unavailable as an option)	
1. Low Vision 2. Legally Blind 3. Light Perception Only 4. Totally Blind	6. Diagnosed Progressive Loss 7. Further Testing Needed (1 year only) 9. Documented Functional Vision Loss

Column 11 -Cortical Vision Impairment		
0. No	1. Yes	2. Unknown

Column 12 -Documented Hearing Loss (Item 8 is intentionally not used and it is unavailable as an option)	
1. Mild 2. Moderate 3. Moderately Severe 4. Severe	5. Profound 6. Diagnosed Progressive Loss 7. Further Testing Needed (1 year only) 9. Documented Functional Hearing Loss

Column 13 - Central Auditory Processing Disorder		
0. No	1. Yes	2. Unknown

Column 14 - Auditory Neuropathy		
0. No	1. Yes	2. Unknown

Column 15 - Cochlear Implant		
0. No	1. Yes	2. Unknown

Column 16 - Other Impairments or Conditions-Orthopedic/Physical	
0. No	1. Yes

Column 17- Other Impairments or Conditions-Cognitive*0. No**1. Yes***Column 18- Other Impairments or Conditions-Behavioral***0. No**1. Yes***Column 19- Other Impairments or Conditions-Complex Health Care Needs***0. No**1. Yes***Column 20- Other Impairments or Conditions-Communication, Speech/Language***0. No**1. Yes***Column 21- Other Impairments or Conditions***0. No**1. Yes***Column 22***Column 22 is intentionally not used. (Previously this column was titled "Funding Category".)***Column 23 - Part C Category Code**

- 1. At-risk for developmental delays (as defined by the state's Part C Lead Agency)*
- 2. Developmentally Delayed*

Also included for Child Count reporting purposes are:
888. Not Reported Under Part C

Column 24 - Part B Category Code

- 1. Mental Retardation*
- 2. Hearing Impairment (includes deafness)*
- 3. Speech or Language Impairment*
- 4. Visual Impairment (includes blindness)*
- 5. Emotional Disturbance*
- 6. Orthopedic Impairment*
- 7. Other Health Impairment*
- 8. Specific Learning Disability*

- 9. Deaf-blindness*
 - 10. Multiple Disabilities*
 - 11. Autism*
 - 12. Traumatic Brain Injury*
 - 13. Developmentally Delayed-age 3 through 9*
- Also included for Child Count reporting purposes are:*
14. Non-Categorical
888. Not Reported under Part B of IDEA

Column 25 - Early Intervention Setting (Birth through 2)*1. Home**2. Community-based settings**3. Other settings*

Column 26 - Educational Setting (3-21)**ECSE (3-5) Settings**

1. Attending a regular early childhood program at least 80% of the time
2. Attending a regular early childhood program 40% to 79% of the time
3. Attending a regular early childhood program less than 40 % of the time
4. Attending a separate class
5. Attending a separate school
6. Attending a residential facility
7. Service provider location
8. Home

School aged (6-21) settings

9. Inside the regular class 80% or more of day
10. Inside the regular class 40% to 79% of day
11. Inside the regular class less than 40% of day
12. Separate school
13. Residential facility
14. Homebound/Hospital
15. Correctional facilities
16. Parentally placed in private schools

Column 27 – Participation in Statewide Assessments

- | | |
|---|---|
| 1. Regular grade-level state assessment | 4. Alternate assessments based on alternate achievement standards |
| 2. Regular grade-level state assessment with accommodations | 5. Modified achievement standards |
| 3. Alternate assessments aligned with grade-level achievement standards | 6. Not yet required |

Column 28 - Part C Exiting Status (Birth through 2)

- | | |
|---|--|
| 0. In a Part C early intervention program | 5. Part B eligibility not determined |
| 1. Completion of IFSP prior to reaching maximum age for Part C | 6. Deceased |
| 2. Eligible for IDEA, Part B | 7. Moved out of state |
| 3. Not eligible for Part B, exit with referrals to other programs | 8. Withdrawal by parent (or guardian) |
| 4. Not eligible for Part B, exit with no referrals | 9. Attempts to contact the parent and/or child were unsuccessful |

Column 29 - Part B Exiting

- | | |
|---|----------------------------------|
| 0. In ECSE or school-aged special education program | 5. Died |
| 1. Transferred to regular education | 6. Moved, known to be continuing |
| 2. Graduated with regular diploma | 7. (intentionally not used) |
| 3. Received a certificate | 8. Dropped out |
| 4. Reached maximum age | |

Column 30 – Deaf-Blind Project Exiting Status	
0. <i>Eligible to receive services from the deaf-blind project</i>	1. <i>No longer eligible to receive services from the state deaf-blind project</i>

Column 31 - Living Setting	
1. <i>Home: With parents</i>	6. <i>Group home (less than 6 residents)</i>
2. <i>Home: Extended family</i>	7. <i>Group home (6 or more residents)</i>
3. <i>Home: Foster parents</i>	8. <i>Apartment (with non-family person(s))</i>
4. <i>State residential facility</i>	9. <i>Pediatric nursing home</i>
5. <i>Private residential facility</i>	555. <i>Other (Specify) _____</i>

Column 32 - Corrective Lenses		
0. <i>No</i>	1. <i>Yes</i>	2. <i>Unknown</i>

Column 33 - Assistive Listening Devices		
0. <i>No</i>	1. <i>Yes</i>	2. <i>Unknown</i>

Column 34 - Additional Assistive Technology		
0. <i>No</i>	1. <i>Yes</i>	2. <i>Unknown</i>

Submittal Instructions

All data are due by May 1st for inclusion in the National Deaf-Blind Child Count Summary.

Please call or email Mark Schalock or Robbin Bull for any additional information or clarifications related to the Child Count reporting process, or with any NCDB FMP database questions.

Please e-mail a copy of your completed report to Mark Schalock.

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 Phone: 503.838.8562

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